PROOF OF CLAIM TO BE FILED WITH RECEIVER - DO NOT FILE WITH COURT

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF FLORIDA MIAMI DIVISION	PROOF OF CLAIM	
SECURITY AND EXCHANGE COMMISSION,		
Plaintiff, vs.	CASE NO.: 10-22078-Civ-Moreno	
ESTATE OF KENNETH WAYNE McLEOD, F&S ASSET MANAGEMENT GROUP, INC. and FEDERAL EMPLOYEES BENEFITS GROUP, INC.,		
Defendants/		
DEADLINE FOR FILING OF CLAIM: This Proof of Claim of Claim of Claim of Claim Sharm of Claim of Claim Sharm of Claim of C		
I. CLAIMANT CONTACT INFORMATION:	CLAIM STATUS:	
Name of Claimant(s):	Check box if you have never received any notices from the Receiver	
Name of Person submitting form on behalf of Claimant, different: **Please attach Power of Attorney or Letters of Adminis	if Check box if your address differs from	
Physical Address Where Notices and Checks Should b (Do NOT use P.O. Box unless Military)	e Sent: Check here if this Claim Form: amends	
	☐ replaces ☐ supplements ☐ a previously filed Claim Form in the	
Telephone No.:	Probate Proceedings. If so, please provide the date when you filed your	
Email Address:	initial claim	
SS# or Tax Payer ID:	☐ Check box if you are aware that	
Date of Birth:		
Check one: How are you affiliated with the Receiversh Entities: I am an ☐ Investor ☐ Business Creditor ☐ €	p ovnloining came)	
SEND CLAIM FORM TO: Michael I. Goldberg, Receiver c/o Federal Employee Benefits Group, Inc. Akerman Senterfitt 350 E. Las Olas Blvd., Suite 1600	THIS SPACE IS FOR RECEIVER'S USE ONLY: Claim No.:	
Ft. Lauderdale, Florida 33301-2229		
For Questions Call: (800) 223-2234		

II. INVESTMENT HISTORY (Complete this section if you are an Investor – Business & Other Creditors should skip to Section IV below)

What is the total amount of money you invested? Please list the date and dollar amount for each separate principal investment made. The total should only include actual funds you gave to any of the Receivership Entities and should not include any credits, interest, rollovers, dividends, etc. Please provide copies of checks (front and back), wire transfer verifications, account statements, carbon checks, evidencing each investment listed below (Use additional sheets if necessary)

evidencing eac	evidencing each investment listed below (Use additional sheets if necessary)				
Date of Transaction (month/day/ year)	Amount Paid (\$ amount)	Payment Method (i.e. check, wire, cashier's check, cash)	Name of Financial Institution from which payment was made and account number	Are you producing with your Proof of Claim documents relating to this transaction? (Yes or No)	
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III. PAYMENTS RECEIVED (Complete this section if you are an Investor – Business & Other Creditors should skip to Section IV below)

What is the total amount of money you actually received, either in the form of interest, principal, dividends, withdrawals, referral fees, commissions, or other. These amounts should only include actual funds you received and should not include unpaid or roll-over interest that accrued in your account. Please break down each individual payment you received and provide copies of checks (front and back), wire transfer verifications, account statements, 1099's, correspondence (including email correspondence) evidencing each payment listed below. (Use additional sheets if necessary).

Date of Transaction (month/day/ year)	Amount Received (\$ amount)	Payment Method (i.e. check, wire, cash)	Type of Payment Received (i.e. dividend, withdrawal, commission, referral fee, finder's fee, etc.)	Are you producing with your Proof of Claim documents relating to this transaction? (Yes or No)
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IV. BUSINESS & OTHER CLAIMS (Complete this section ONLY if you are a Business Creditor or have Other Claims against the Receivership Entities)
1. Basis of Claim: (Check One)
☐ Goods Sold
Services Performed
☐ Money Loaned
── Wages, salaries or compensation
Other (Please provide a detailed explanation. Attach additional sheet if necessary):
<u> </u>
2. Entity with whom claim was incurred:
3. Date(s) serviced performed or when claim was incurred:
4. Is a Legal Action Pending? Yes No If so, please indicate the following:
Case Name: Case No.:
Jurisdiction Pending:
Date Case Commenced: If Court Judgment, Date Obtained:
5. Total Amount of Claim \$
Check this box if you contend your claim is subject to a security interest. If so, you must attach copies of all security agreements and other documents to evidence the secured status.
Check this box if your claim includes interest, or other charges, such as attorney's fees, lost profits, or late fees in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.
V. GENERAL
In addition to the payments listed in Section III, have you ever received anything else of value either directly or indirectly from Kenneth Wayne McLeod, Federal Employees Benefits Group, or F&S Asset Management Group, Inc. (for example personal property, shares of stock, interest in business ventures) Yes No
If yes, please explain below the circumstances and reasons for the transfers, and identify what was received, when it was received, and where it came from (Attach additional sheet if necessary).

VI. CERTIFICATION OF TRUTHFULNESS				
I, the undersigned, hereby certify, under penalty of perjury, that all of the information provided in this Proof of Claim, including all attachments, is true and correct and that the undersigned is authorized to make this claim. I further certify that I have a duty to supplement or amend my Proof of Claim to disclose a material change with respect to any answer or information provided herein.				
Signed, under penalty of perjury this day of, 2011				
Signature: Print Name: Title, if any:				
To receive an acknowledgement of the filing of your claim, we strongly encourage you to send your Proof of Claim via certified and/or registered mail, return receipt requested, OR include a self-addressed postage prepaid envelope with your Proof of Claim when submitting it to the Receiver. Claim Forms that have been modified or redacted in any way may be rejected.				

IMPORTANT NOTICE

YOUR PROOF OF CLAIM MUST BE RECEIVED BY THE RECEIVER'S OFFICE NO LATER THAN OCTOBER 31, 2011 TO BE CONSIDERED A TIMELY FILED CLAIM

MAIL THE COMPLETED AND SIGNED FORM AND ALL OF YOUR DOCUMENTATION TO:

Michael I. Goldberg, Receiver c/o Federal Employees Benefits Group, Inc. Akerman Senterfitt 350 East Las Olas Blvd., Suite 1600 Ft. Lauderdale, Florida 33301-2229

For Questions Concerning Filing of Your Proof of Claim Call the Receiver's Office at (800) 223-2234

For additional information concerning this receivership, please visit the Receiver's website at: www.febginfo.com